

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.												
09/334,510	06/21/99	347	2853	1232-4544												
APPLICANT	KOICHI ABE, KAWASAKI-SHI, JAPAN.															
	**CONTINUING DOMESTIC DATA***** <i>none</i>															
	VERIFIED															
	<u>S.G.</u>															
APPLICANT	**371 (NAT'L STAGE) DATA***** <i>none</i>															
	VERIFIED															
	<u>S.G.</u>															
APPLICANT	**FOREIGN APPLICATIONS***** <i>yes</i>															
	VERIFIED JAPAN 10-181106 06/26/98															
	<u>S.G.</u>															
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/20/99																
<table border="1"><tr><td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td><td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td><td>STATE OR COUNTRY</td><td>SHEETS DRAWING</td><td>TOTAL CLAIMS</td><td>INDEPENDENT CLAIMS</td></tr><tr><td>Verified and Acknowledged</td><td><u>S.G.</u> Examiner's Initials</td><td>JPX</td><td>4</td><td>23</td><td>9</td></tr></table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS	Verified and Acknowledged	<u>S.G.</u> Examiner's Initials	JPX	4	23	9
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ADDRESS	MORGAN & FINNEGAN L L P															
	345 PARK AVENUE NEW YORK NY 10154															
TITLE	SCANNING SYSTEM, ITS CONTROL METHOD, AND STORAGE MEDIUM															
FILING FEE RECEIVED	<table border="1"><tr><td rowspan="6">\$1,282</td><td rowspan="6">FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:</td><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>				\$1,282	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit				
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